

Accessible Information Standard Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

Supporting people to live healthier lives

We support people to manage their health and well-being so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Equity in access

We make sure that everyone can access the care, support and treatment they need when they need it.

Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Planning for the future

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Scope

To ensure that residents, who may have communication needs relating to a disability, impairment or sensory loss, receive information in formats they are able to understand. This policy must be read and complied with by all managers and members of staff who are involved in providing care and supporting residents.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

The Accessible Information Standard (AIS) became a legal requirement in August 2016 for all organisations that provide NHS care and/or publicly funded adult social care. The guidelines were revised in 2017 and set out a consistent approach to ensure that the communication support needs of residents, family and parents with a disability, impairment or sensory loss will be met by the organisation's services.

The aim of the AIS is to establish a framework and set a clear direction so that residents, and, where appropriate, family and parents, who have information or communication needs relating to a disability, impairment or sensory loss receive:

- Accessible Information - information which can be read, or received, and understood by the individual, or group, for which it is intended; and
- Communication support - support which is needed to enable effective, accurate dialogue between a professional and a resident to take place.

This is to prevent individuals being at a substantial disadvantage when accessing NHS or adult social services. This includes accessible information and communication support to enable individuals to:

- Make decisions about their health and wellbeing, and about their care and treatment.
- Self-manage conditions.
- Access services appropriately and independently; and
- Make choices about treatments and procedures, including the provision or withholding of consent.

The Policy

This policy outlines our commitment to ensure that all residents who use our services, their carers and families, will receive communication and information in an appropriate format to support their needs.

The AIS includes interpretation or translation for people whose first language is British Sign Language. It does not cover these needs for other languages, which are covered under the Equality Act 2010.

The AIS is not a requirement for residents which are not publicly funded, however EFH will take the same approach for privately funded residents in compliance with the Equality Act 2010.

1. Identification of needs

EFH will adopt a consistent approach to the identification of residents, families and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.

Information and communication needs related to disability, impairment and sensory loss will be identified at the Care Assessment and will include the resident, family and relevant circle of support e.g. speech therapist, as appropriate. The assessment will include exploration and identification of solutions to meet the residents or the family's needs.

2. Recording of needs

EFH will:

Adopt a consistent and routine recording of residents', family' and where appropriate parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of the resident's records and organisational administration systems.

- Use specified English definitions indicating needs; and
- Record needs in such a way that they are 'highly visible'.

Any disability that affects communication will be identified, with mitigation and support included within the care and support plan. At care and support reviews, communication needs will be reviewed and opportunities for new techniques, activities and aids will be explored with a view to better meeting the needs of the resident or their family.

Standard and recognised clinical and English terms will be used to record needs to ensure clear communication with other social and health care professionals.

3. Flagging of needs

EFH will establish and use electronic flags or alerts, or paper-based equivalents, to indicate that a resident or family has a recorded information and/or communication need, and prompt staff to take appropriate action and/or trigger auto-generation of information in an accessible format or other actions such to meet their needs.

The care and support plan, and office electronic records will clearly identify resident or family communication needs and identified solutions.

Where IT systems allow, auto-generated communication will provide information, e.g. letters, rosters, in a format which meets the needs of the resident or family.

Where IT systems cannot auto-generate information in the required format, then the organisation/office administration staff will be responsible for ensuring information is provided in a format or media to support the resident or family needs.

4. Sharing of needs

EFH will include data about residents or family needs as information and/or communication support as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

All data sharing between health and social care professionals who are supporting the resident, or the family, will include information regarding their communication needs and the solutions in place to support them. This will include Hospital 999 Sheet, Communication Care and Support Plan and written communication with GPs and other professionals.

Communication Care plans or similar documents will be readily available for each resident. These will support the resident and families when attending hospital or other care environments. Residents, their families and friends will be involved and agree what is recorded, why it is recorded, and for what purpose. Descriptions will be personalised, individual, current, and up to date.

All records will be clearly written and free of jargon, acronyms, and abbreviations.

5. Meeting of needs

EFH will ensure that the residents, or their family, receive information in an accessible format and relevant communication support to meet their needs.

The care and support plan, and electronic records, will clearly identify resident or family communication needs and identified solutions.

Examples of how information and regular communication will be made available to meet resident or their family needs include the following ways:

- Sign language, if this is the normal means of communication.

- Easy read, large print, braille and audio, where appropriate.
- Communication Passports.
- Communication Cards
- In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)), people can be issued with a communication card that they can carry around and hand over as formal notification of their information and communication preferences.
- Communication Technology
- Devices and software applications e.g. sophisticated voice replicating computer equipment.
- Signposting to 3rd sector organisations which support communication e.g. 1Voice.
- Sensory communication.
- Residents living with dyslexia will be supported in accordance with their needs e.g. aiding the completion of forms by writing down what the person tells them and reading it back to them to ensure it is correct.
- Information for residents who have a visual impairment will be provided in the appropriate written form to aid their vision or provided in audio format or braille.
- Residents with a learning disability will be supported using language and information that will be adapted according to their individual need e.g. in an easy read format.
- Residents who wish to use electronic forms of communication, using their own technology, will be supported to do so e.g. through email, text messaging, video clips and or other technology which supports their communication.
- Managers and employees will seek external guidance/expertise from other professional organisations to assist with communication needs. This may include help to lip read, British Sign Language interpreter, Makaton interpreter, or the local sensory support service. Contact details of these organisations will be kept in the person's care file.

The above is provided for information and EFH will work with each resident, their family and circle of support to find the best solutions to meet their specific needs and communication requirements.

Acts and guidance of relevance to the AIS:

- CQC Meeting the Accessible Information Standard
- Accessible Information Standard, NHS
- Communication Passports
- NHS - Hospital Passport Template
- Communication Card
- 1Voice Charity
- Mencap - Accessible Information Standard
- Your rights under the Equality Act 2010
- The Communication Trust
- The Sequal Trust
- SLT, speak, swallow, communicate
- The Equality Act 2010: section 149 Public Sector Equality Duty
- The Health and Social Care Act 2012: section 250 Powers to publish information standards
- Data Sharing Code of Practice (2011) issued by the Information Commissioner's Office under section 52 of the Data Protection Act 1998

Acts which underpin Elizabeth Finn Homes Ltd care functions include but are not limited to:

- The Care Act 2014
- The Mental Health Act 1983
- The Mental Capacity Act 2005

Training

Staff are provided with training on the use of communication skills at all suitable stages of their employment from induction onwards.

Seeking Feedback about communication

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of EFH communication. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

Review date	Next Review Date
May 2024	May 2027